

SERFF Tracking Number: STLR-125319282 State: Arkansas
First Filing Company: Manufacturers Alliance Insurance Company, ... State Tracking Number: AR-PC-07-026391
Company Tracking Number: 07-0636-AR124
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: 07-0636-AR124
Project Name/Number: Independent Forms/07-0636-AR124

Filing at a Glance

Companies: Manufacturers Alliance Insurance Company, Pennsylvania Manufacturers' Association Insurance Company, Pennsylvania Manufacturers Indemnity Company

Product Name: 07-0636-AR124 SERFF Tr Num: STLR-125319282 State: Arkansas
TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: AR-PC-07-026391
Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: 07-0636-AR124 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Katherine Watts Disposition Date: 10/11/2007
Date Submitted: 10/10/2007 Disposition Status: Approved
Effective Date Requested (New): 12/01/2007 Effective Date (New): 12/01/2007
Effective Date Requested (Renewal): 12/01/2007 Effective Date (Renewal):
12/01/2007

General Information

Project Name: Independent Forms Status of Filing in Domicile: Pending
Project Number: 07-0636-AR124 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/11/2007
State Status Changed: 10/11/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Independent Forms

Company and Contact

Filing Contact Information

Katherine Watts, Regulatory Analyst Katherine_Watts@pmagroup.com
380 Sentry Parkway (610) 397-5328 [Phone]
Blue Bell, PA 19422-0754 (610) 397-5100[FAX]

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Filing Company Information

| | | |
|--|-------------------------|---------------------------------|
| Manufacturers Alliance Insurance Company | CoCode: 36897 | State of Domicile: Pennsylvania |
| 380 Sentry Parkway | Group Code: 767 | Company Type: |
| P. O. Box 3031 | | |
| Blue Bell, PA 19422-0754 | Group Name: | State ID Number: |
| (610) 397-5462 ext. [Phone] | FEIN Number: 23-2086596 | |

| | | |
|---|-------------------------|---------------------------------|
| Pennsylvania Manufacturers' Association | CoCode: 12262 | State of Domicile: Pennsylvania |
| Insurance Company | | |
| 380 Sentry Parkway | Group Code: 767 | Company Type: |
| P. O. Box 3031 | | |
| Blue Bell, PA 19422-0754 | Group Name: | State ID Number: |
| (610) 397-5462 ext. [Phone] | FEIN Number: 23-1642962 | |

| | | |
|--------------------------------------|-------------------------|---------------------------------|
| Pennsylvania Manufacturers Indemnity | CoCode: 41424 | State of Domicile: Pennsylvania |
| Company | | |
| 380 Sentry Parkway | Group Code: 767 | Company Type: |
| P. O. Box 3031 | | |
| Blue Bell, PA 19422-0754 | Group Name: | State ID Number: |
| (610) 397-5462 ext. [Phone] | FEIN Number: 23-2217934 | |

SERFF Tracking Number: STLR-125319282 State: Arkansas

First Filing Company: Manufacturers Alliance Insurance Company, ... State Tracking Number: AR-PC-07-026391

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TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: 07-0636-AR124

Project Name/Number: Independent Forms/07-0636-AR124

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50. per Form Filing

Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| Pennsylvania Manufacturers' Association Insurance Company | \$50.00 | 10/10/2007 | 16050952 |
| Manufacturers Alliance Insurance Company | \$0.00 | 10/10/2007 | |
| Pennsylvania Manufacturers Indemnity Company | \$0.00 | 10/10/2007 | |

| | | | |
|--------------------------|---|------------------------|-------------------------------------|
| SERFF Tracking Number: | STLR-125319282 | State: | Arkansas |
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| TOI: | 26.0 Burglary & Theft | Sub-TOI: | 26.0001 Commercial Burglary & Theft |
| Product Name: | 07-0636-AR124 | | |
| Project Name/Number: | Independent Forms/07-0636-AR124 | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 10/11/2007 | 10/11/2007 |

SERFF Tracking Number: STLR-125319282 State: Arkansas
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TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
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Disposition

Disposition Date: 10/11/2007
Effective Date (New): 12/01/2007
Effective Date (Renewal): 12/01/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

| | |
|---|--------|
| Overall Percentage Rate Indicated For This Filing | 0.000% |
| Overall Percentage Rate Impact For This Filing | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0 |
| Effect of Rate Filing - Number of Policyholders Affected | 0 |

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| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Cover Letter | Approved | Yes |
| Supporting Document | AR Compliance Certificate | Approved | Yes |
| Supporting Document | Filing Memorandum | Approved | Yes |
| Form | Janitorial Servces-Clients' Property | Approved | Yes |
| Form | Policy Jacket | Approved | Yes |

SERFF Tracking Number: STLR-125319282 State: Arkansas

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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type | Action | Action Specific Data | Readability | Attachment |
|---------------|---------------------------------------|--------------|--------------|----------------------------------|--------|----------------------|-------------|--|
| Approved | Janitorial Services-Clients' Property | PCR 04 01 | 08 07 | Endorsement/Amendment/Conditions | New | | 0.00 | PCR 04 01 Janitorial Services - Clients' Sevices.pdf |
| Approved | Policy Jacket | CPJ CR 09 07 | 09 07 | Other | New | | 0.00 | policy jacket CR.pdf |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

JANITORIAL SERVICES - CLIENTS' PROPERTY

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE FORM
COMMERCIAL CRIME POLICY
EMPLOYEE THEFT AND FORGERY POLICY

PROVISIONS

With regard to this Clients' Property Endorsement, the provisions of the coverage form or policy to which this endorsement is attached apply, unless modified by this endorsement.

A. The following insuring agreement is added to Section A. Insuring Agreements:

We will pay for loss of or damage to "money" and "securities" sustained by your "client" resulting directly from "theft" committed by an "employee", whether identified or not, acting alone or in collusion with other persons.

B. Under Section D. Exclusions in the Commercial Crime Coverage Form and Commercial Crime Policy, the Acts of Employees, Managers, Directors, Trustees or Representatives Exclusion does not apply to this Insuring Agreement.

C. Under Section E. Conditions:

1. Paragraph (1) of the Duties in the Event of Loss Condition is replaced by the following:

Notify us as soon as possible.

2. The Ownership of Property; Interests Covered Condition is replaced by the following:

The property covered under this Insuring Agreement is limited to property:

- a. That your "client" owns or leases; or

- b. That your "client" holds for others whether or not your "client" is legally liable for the loss of such property.

However, this insurance is for your benefit only. It provides no rights or benefits to any other person or organization, including your "client". Any claim for loss that is covered under this Insuring Agreement must be presented by you.

D. Under Section F. Definitions:

1. The following definitions are added:

- a. "Client" means any entity for whom you perform janitorial services under a written contract.

- b. "Occurrence" means:

- (1) An individual act;
- (2) The combined total of all separate acts whether or not related; or
- (3) A series of acts whether or not related; committed by an "employee", acting alone or in collusion with other persons, during the Policy Period shown in the Declarations, before such Policy Period or both.

2. The definition of "theft" is replaced by the following:

"Theft" means the unlawful taking of property to the deprivation of your "client".

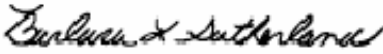


PERFORMANCE. IT'S WHY WE GET CHOSEN.®



Commercial Crime Policy

In Witness Whereof, the COMPANY has caused this policy to be signed by its President, or a Vice-President and Secretary, at Blue Bell, PA.

[
Secretary]

[
President]

| | | | |
|---------------------------------|--|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>STLR-125319282</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>First Filing Company:</i> | <i>Manufacturers Alliance Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>AR-PC-07-026391</i> |
| <i>Company Tracking Number:</i> | <i>07-0636-AR124</i> | | |
| <i>TOI:</i> | <i>26.0 Burglary & Theft</i> | <i>Sub-TOI:</i> | <i>26.0001 Commercial Burglary & Theft</i> |
| <i>Product Name:</i> | <i>07-0636-AR124</i> | | |
| <i>Project Name/Number:</i> | <i>Independent Forms/07-0636-AR124</i> | | |

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: STLR-125319282 State: Arkansas
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Project Name/Number: Independent Forms/07-0636-AR124

Supporting Document Schedules

| | | | | |
|-------------------------|--|-----------------------|----------|------------|
| Satisfied -Name: | Uniform Transmittal Document-Property & Casualty | Review Status: | Approved | 10/11/2007 |
| Comments: | | | | |
| Attachment: | pc trans 3-1-07.pdf | | | |
| Satisfied -Name: | Cover Letter | Review Status: | Approved | 10/11/2007 |
| Comments: | | | | |
| Attachment: | 07-0636-AR124.pdf | | | |
| Satisfied -Name: | AR Compliance Certificate | Review Status: | Approved | 10/11/2007 |
| Comments: | | | | |
| Attachment: | AR Compliance Cert.pdf | | | |
| Satisfied -Name: | Filing Memorandum | Review Status: | Approved | 10/11/2007 |
| Comments: | | | | |
| Attachment: | CR Filing Memo.pdf | | | |

Property & Casualty Transmittal Document

| | |
|---|---|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes |
|---|---|

| | | |
|-----------|-------------------------|---------------------|
| 3. | Group Name | Group NAIC # |
| | The PMA Insurance Group | 767 |

| 4. | Company Name(s) | Domicile | NAIC # | FEIN # |
|-----------|---|-----------------|---------------|---------------|
| | Pennsylvania Manufacturers' Association Insurance Company | PA | 12262 | 23-1642962 |
| | Pennsylvania Manufacturers Indemnity Company | PA | 41424 | 23-2217934 |
| | Manufacturers Alliance Insurance Company | PA | 36897 | 23-2086596 |
| | | | | |
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| | |
|-----------------------------------|----------------------|
| 5. Company Tracking Number | 07-0636-AR124 |
|-----------------------------------|----------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|-----------|--|--------------------|---------------------|----------------|------------------------------|
| | Katherine A. Watts 380 Sentry Parkway P.O. Box 3031 Blue Bell, PA 19422 | Regulatory Analyst | 800-222-2749 x 5328 | (610) 397-5100 | katherine_watts@pmagroup.com |
| | | | | | |

| | | |
|-----------|---------------------------------------|--------------------|
| 7. | Signature of authorized filer | |
| 8. | Please print name of authorized filer | Katherine A. Watts |

Filing information (see General Instructions for descriptions of these fields)

| | | | |
|------------|---|--|---------------------|
| 9. | Type of Insurance (TOI) | Commercial Crime | |
| 10. | Sub-Type of Insurance (Sub-TOI) | | |
| 11. | State Specific Product code(s)(if applicable)[See State Specific Requirements] | | |
| 12. | Company Program Title (Marketing title) | | |
| 13. | Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) | |
| 14. | Effective Date(s) Requested | New: 12/01/2007 | Renewal: 12/01/2007 |

Property & Casualty Transmittal Document---

| | | |
|-----|--|---|
| 15. | Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | |
| 17. | Reference Organization # & Title | |
| 18. | Company's Date of Filing | 1010/07 |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

| | | |
|-----|---|---------------|
| 20. | This filing transmittal is part of Company Tracking # | 07-0636-AR124 |
|-----|---|---------------|

| | |
|------------|--|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|------------|--|

We are submitting for your review a new form, Janitorial Services – Clients’ Property (PCR 04 01). For additional details please see the attached filing memorandum. Our corresponding rule filing has been submitted under company filing number 07-0637-AR124. We have also included Policy Jackets. We intend to be bound by the governing approval procedures of your state and we will await your written response.

This filing is applicable to all policies effective on or after December 1, 2007.

| | |
|---|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
| <div style="margin-bottom: 20px;">Check #: EFT Amount: \$50.00</div> <div>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</div> | |

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

| | | |
|-----------|--|---------------|
| 1. | This filing transmittal is part of Company Tracking # | 07-0636-AR124 |
| 2. | This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small> | 07-0637-AR124 |

| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
|-----------|---|--|---|--|---|
| 01 | Janitorial Services – Clients’ Property | PCR 04 01 08 07 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | Policy Jacket | CPJ CR 09 07 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |

PC FFS-1

October 10, 2007

RE: Pennsylvania Manufacturers' Association Insurance Company (NAIC# 767-12262)
Pennsylvania Manufacturers Indemnity Company (NAIC# 767-41424)
Manufacturers Alliance Insurance Company (NAIC# 767-36897)
Division Three – Commercial Crime
Independent Forms
Company Filing Number: 07-0636-AR124

VIA SERFF

Dear Commissioner:

We are submitting for your review a new form, Janitorial Services – Clients' Property (PCR 04 01). For additional details please see the attached filing memorandum. Our corresponding rule filing has been submitted under company filing number 07-0637-AR124. We have also included Policy Jackets. We intend to be bound by the governing approval procedures of your state and we will await your written response.

This filing is applicable to all policies effective on or after December 1, 2007.

Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than required under your law. If you have any questions or need additional information, please feel free to contact me by e-mail at katherine_watts@pmagroup.com or by phone at (800) 222-2749, extension 5328..

Thank you for your consideration.

Sincerely,
Katherine A. Watts
Regulatory Analyst
Regulatory & Product Support
Product Management Department

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELF CERT



I, William G. Carney, Vice President of
(Name) (Title of Authorized Officer)

The PMA Insurance Group
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against

the company.

3. Pursuant to Ark. Code Ann. §23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ► Yes

If "NO", to which companies does this Certification apply?

| Company Name(s) | NAIC # |
|-----------------|--------|
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Company Tracking Number 07-0636-AR124

Signature of Authorized Officer ►

Name of Authorized Officer ► William G. Carney

Title of Authorized Officer ► Vice President

Email address of Authorized Officer ► william_carney@pmagroup.com

Telephone # of Authorized Officer ► 610 397-5022

Date ► October 10, 2007

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us AID PC SelfCert (4/30/03)

THE PMA INSURANCE GROUP
DIVISION THREE – COMMERCIAL CRIME AND FIDELITY
RULES AND FORMS FILING MEMORANDUM

The PMA Insurance Group is filing a new form and companion rule. This new form and its associated rule, which is now included in our countrywide company exception pages, continues to be used in conjunction with the standard Insurance Services Organizations (ISO) Commercial Crime and Fidelity Program.

NEW FORM:

Janitorial Services – Clients' Property – PCR 04 01 05 07

This endorsement provides coverage for Clients' Property for janitorial services risks only.

REVISED RULES:

Enclosed for your review are revised countrywide company exception pages, CR-CW-E-1 to CR-CW-E-2 (Edition 08.07) which now includes a rule for Janitorial Services – Clients' Property, PCR 04 01. These rule pages were primarily updated to reflect ISO's latest revision to the Crime and Fidelity Program.

Also included with this filing are Policy Jackets with Officer signatures. Our policy jackets have brackets around the officer signatures to alleviate the need to re-file in the future due to officer changes.

This filing is applicable to all policies effective on or after December 1, 2007.